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National Capital Consortium
UNIFORMED SERVICES UNIVERSITY
OF THE HEALTH SCIENCES
F. EDWARD HÉBERT SCHOOL OF MEDICINE
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

GRADUATE MEDICAL EDUCATION COMMITTEE MEETING

2 July 2008 1500

OPEN SESSION MINUTES

The National Capital Consortium Graduate Medical Education Committee met Wednesday, July 2, 2008,1500. A quorum was present.

OLD BUSINESS:

Approval of Minutes: The June 4, 2008, NCC GMEC Minutes were approved as written.

III.B.10.e **Continuing Program Director Searches: Pain Management Program,** (initiated 6 Mar 08) Pending Committee Nominee Selection, **Pulmonary Critical Care Fellowship** (initiated 8 Apr 08) Pending Committee Nominee Selection, **Administrative Director Position** (initiated 14 Jan 08) Pending Board of Director Nominee Selection, **Pediatric Hematology/Oncology Fellowship Program** (initiated 16 June 08) pending Search Committee Selection, **Dermatopathology Fellowship Program** (initiated 28 May 08) Pending Board of Directors Approval. The newly integrated General Surgery Program will go into effect on 1 July 2009. Packet was released 27 June 2008 to solicit nominees.

III.B.10.e **Selections of NCC Program Directors: CDR Dale Szpisjak, MC, USN**, Anesthesiology Residency Program, effective July 1 2008; **LTC Charles J. Fox, MC, USA**, Vascular Surgery Program; effective 23 June 2008

Selections of NCC Associate Program Directors are as follows: None.

The Committee voted without objection to approve the selections.

Certificate of Appreciation: COL Oleh Hnatiuk, MC, USA, July 2002-Oct 2008 COL David Gillespie, MC, USA, Vascular Surgery, July 05 – June 08, COL Paul Mongan, MC, USA, Anesthesiology Residency Program, Feb 03 – July 08

Congratulations to all!

NEW BUSINESS:

III.B.1 **Resident Representative Issues:** LT Lenert, MC, USN, NNMC, CPT Sean Wherry, Dewitt Family Medicine, LCDR Glenn Dowling, USUHS, Preventive Medicine, and Capt Katrina Ferguson, MGMC, were present. No issues reported.

Committee Responsibilities: Dr. Gunderson reported on behalf of the Internal Review Subcommittee.

1. Internal Review Tracking Issues:
   i. 2007 issues: Awaiting responses to Letter of Concern from the Pain Medicine and Vascular Surgery programs.
   ii. 2008 issues: None

2. Reviews: None

III.B.11

3. Follow-up of prior reviews:
   i. Family Medicine, DACH: The Subcommittee on Internal Reviews raised concerns in five (5) areas:
      i. **Finding:** The program requirements require a clear and separate sports medicine curriculum within the two-month, 200 hours of experience for this area. While a written curriculum exists for each area, the resident assessment did not demonstrate separate experiences for orthopedics and sports medicine. **Program Response:** *1) The Family Medicine Program Requirements implemented in July 2004 allowed the consolidation of orthopedics and sports medicine into a single training block encompassing 200 hours of total instruction in musculoskeletal medicine. The 2004 Program Requirements did not state that separate curriculums needed to be continued. The NCC-DACH Family Medicine residency complied with the intent by creating a two-month training experience that involved both orthopedics and primary care sports medicine under a single curriculum.* 2) *In July 2007, the RRC implemented new Program Requirements for Family Medicine. These new requirements allowed for the continuation of 200 hours of musculoskeletal medicine experiences combining orthopedics and primary care sports medicine but stated that programs should have separate curriculums and learning objectives for each subject area with clearly delineated times spent in each subject area. It should be noted, that the internal review was conducted a mere five months after this new language was released.* 3) *For the 2008-2009 academic year, the NCC-DACH Family Medicine Residency will continue its two-month experience in musculoskeletal medicine totaling over 200 hours of training. The first month occurs in the second year of residency while the second month occurs in the third year of training. To comply with the RRC Program Requirements, the Residency will utilize two separate curriculums for each of the core subject areas encompassed by musculoskeletal medicine – orthopedics and sports medicine. The time spent in each area will be clearly delineated as part of the total 200 hours of training.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.
      ii. **Finding:** During the faculty interview, while faculty did state they receive feedback from the program director, the frequency of formal feedback from the program director was stated as less frequently than annually. The program director should, at a minimum, plan for annual formal feedback to assure compliance. **Program Response:** *1) Faculty of the NCC-DACH Family Medicine Residency have always received annual written feedback. In the past, this was done as part of the annual OER/Civilian Evaluation system and included assessment of performance measures, resident evaluations on individual faculty performance, assessment of scholarly activity participation, and potential for future growth. 2) The Program Director does not know why the some faculty members responded by saying "no" when asked by the internal review team if they received annual feedback. One possible explanation was that that just prior to the internal review, the faculty members received copies of their evaluations by residents done through www.myevaluations.com when in previous years written evaluations were used. 3) In response to this concern, the Program Director queried faculty members asking them about the desired frequency and type of feedback (documented in the minutes of the weekly staff meeting). Staff members responded by stating they wanted formal, written feedback on an annual basis and not any more frequently unless there were problems. First year faculty members requested feedback every six months. 4) Another response to this concern was to create faculty portfolios maintained by the residency's administrative coordinator. Faculty portfolios will contain the following: a. Curriculum Vitae*

b. *Residency Job Description*
c. *Evaluations by Residents (done electronically/anonymously through a web-based evaluation program)*
d. *Documentation of Scholarly Activities (lectures, presentations, publications, research activities)*
e. *Performance Evaluations*

End-of-the-year evaluations for all faculty members begin 10 June 2008.

Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

iii. **Finding:** The program requirements necessitate that residents follow, as part of their continuity experience, at least two nursing home patients over a period of 24 consecutive months, in addition to those that residents might experience as part of a rotation. **Program Response:** *The NCC-DACH Family Medicine residents receive extensive exposure to the multi-disciplinary care of the geriatric population in the outpatient setting, inpatient setting, home health setting, hospice care, and long-term residential care. The RRC does not specify in its Program Requirements that residents must follow two nursing home patients over a period of twenty-four months to meet the experience training requirements for long-term residential care. RRC communications from the RRC to family medicine resident directors have stated that this would be the ideal goal but it is not a requirement. Block rotations done in nursing homes have been discouraged. Current DoD regulations prevent the NCC-DACH Family Medicine Residency from assuming the continuity care of patients who are not military beneficiaries. Further, regulations prevent Dewitt Army Community Hospital from establishing contractual arrangements with local civilian nursing homes to provide care for military beneficiaries as primary providers. The only military-associated long-term care facility in the National Capital Area is the U.S. Soldiers' and Airmen's Home (USSAH). The travel distance and time between Dewitt Army Community Hospital and USSAH precludes the residents from assuming the long-term continuity care of residents living at USSAH. In years past, the NCC-DACH Family Medicine Residency has repeatedly tried to establish a working relationship with the privately owned and operated military retirement community located just outside Fort Belvoir known as "The Fairfax." Despite Dewitt providers serving as primary care physicians for numerous independent-living seniors residing at "The Fairfax", the institution has repeatedly refused to allow residency members from caring for patients admitted to its assisted living and nursing home (which have financially based contractual agreements with civilian physicians). To ensure its residents receive adequate exposure, the Residency has established an MOU with Mt. Vernon Primary Care Associates allowing residents to round with their attending physicians on a recurring basis at the Woodbine Rehabilitation Center and Nursing Home located in Alexandria, Virginia. Each resident spends at least 6-half days at that facility evaluating and treating residential patients. This was specifically discussed with the RRC during the 2004 site visit (that resulted in a 5-year accreditation received May 2005) and felt to meet the general intent for exposure to the care of long-term residential patients. To further promote resident education in the care of the older population, the program has identified a specific faculty member to receive advanced training in geriatrics during the 2008-2009 academic year. This faculty member (Dr. Kalish) will attend a comprehensive review course on geriatric medicine as well as a mini-fellowship in the development and implementation of a curriculum in geriatric medicine for primary care residencies. Once basic training has occurred, this faculty member will join scheduled rounds at Woodbine Rehabilitation Center and Nursing Home to facilitate education and insure residents receive the appropriate knowledge needed to provide long-term care to the aged population.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

iv. **Finding:** The program requirements provide that there be a structured and facilitated group designed for resident support. Residents and faculty stated that, while resident support occurs as part of the behavioral medicine didactic curriculum, there is not a regularly scheduled dedicated group. However, residents did not feel a lack of support. **Program Response:** *The NCC-DACH Family Medicine Residency has a number of formal and informal mechanisms whereby it ensures resident well-being and support:*

a. *Annual resident fatigue and stress training conducted as part of intern orientation.*
b. *Annual 3-day resident retreat designed to promote team building, communication, and*

resident-staff morale.

c. *Monthly assessment of resident stress and well-being conducted as part of documenting work hour compliance.*

d. *Bi-monthly counseling sessions for all interns with their assigned advisor. Quarterly counseling sessions for all PGY2's and PGY3's with their assigned advisor. A part of each of these counseling sessions specifically addresses resident stress, fatigue, and well-being.*

e. *Monthly resident meetings held by the Chief Residents identifying areas of concern and stress. Faculty members do not attend these meetings allowing open communication between the residents.*

f. *Monthly after-hours Journal Club held at the home of a staff member. This part-educational and part-social event includes forty-five minutes set aside for social interactions. During this time, residents and staff members interact on a personal level allowing staff members to assess resident well-being, fatigue, and stress levels.*

g. *Twice monthly behavioral science sessions include an open forum allowing residents to express their concerns and possible sources of stress in a non-attribution environment.*

h. *Twice weekly, team-building, physical training events attended by the residents and core military faculty members. This has proven to be a point of cohesion for resident and staff well-being over the past four years and provides yet another opportunity for staff members to interact with residents outside the educational and clinical settings.*

Immediately following the receipt of this area of concern, the PD had the Chief Residents anonymously survey all resident members as to whether or not they wanted an additional scheduled support group to promote their well-being. The unanimous response was "no." The results of this survey are documented in the minutes of the weekly faculty meeting. It should also be noted that residents felt uniformly supported and nurtured by the program (as was reflected in the 2007 Resident Survey conducted by the ACGME). In response to this area of concern, the Program has designated that formal time be set aside at each of the twice-monthly behavioral science sessions as a "sensing session" to illicit resident concerns and areas of stress. Additionally, the Chief Residents will designate a portion of their monthly resident meeting as a "sensing session" allowing residents to again express concerns and give feedback. **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

v. **Finding:** Residents would appreciate constructive feedback for lectures/presentations given. No evaluation system is in place to critique resident lectures and presentations. **Program Response:** *The NCC-DACH Family Medicine Residency has implemented a mechanism for residents to receive feedback on the formal didactic presentations they give. The residency has created an evaluation form that is distributed and collected by its didactic coordinators during resident lectures and Top 30 presentations. The didactic coordinators review the forms for quality of feedback then give them to the presenting resident. Once reviewed, the resident gives them to the administrative coordinator for inclusion in the resident's training folder. The resident then reviews their feedback form with their advisor (POD Leader) during quarterly (PGY3 and PGY2) or bi-monthly (PGY1) counseling sessions.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

III.B.8

4. Follow-up on Site Visit citations:

a. Occupational and Environmental Medicine Program:

i. **Citation #1:** According to the site visitor, the Program does not possess complete documentation of prior GME of the residents nor any evaluation of the past performance or competency of the entering residents. **Response:** *Following the site visit, the Program Director contacted the internship program director and obtained documentation of satisfactory completion of the clinical year. Since the site visit, the Program Director also obtained a completed competency assessment form for all residents.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

ii. **Citation #2:** According to the site visitor, the Program Director does not have all criteria in place to evaluate the effectiveness of the program in meeting its goals and objectives. There was no indication that the Program Director has a database of all residents participating in the program and their professional status for the past five years. **Response:** *The Program*

Director has identified the criteria by which the effectiveness of the program is evaluated in meeting its goals and objectives. These criteria were presented at the residency advisory committee meeting in June 2007 and the minutes from that meeting were include din Appendix L, page 37 and 38 in the PIF. A database containing the above required information on graduates for the past five years has been created. **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

iii. **Citation #3:** Despite the requirement that the Program Director provide accurate and complete information to the ACGME, the PIF contained inaccuracies and discrepancies, such as: the faculty roster does not have faculty members listed for institutions #2 and #8, the curriculum has a faculty member listed (Dr. Wilson) for Institution #2, but no rotation descriptions for activities at Institutions #4, #7, #8, and #12. The rotations at Institution #2 and #8 are described as elective for two months duration, but in the curriculum the rotation at #2 is described as a one month pulmonary rotation and there is no description of the tow month elective experience at #8. **Response:** *The faculty information for institution #2 and #8 was included, however, it was not readily identifiable and we have taken the necessary steps to correct this in ADS. The length of each rotation has been corrected to indicate that rotation at the NIH Clinical Center (Institution #2) as a two month elective rotation at Navy Medical Center Portsmouth Pulmonary Clinic (Institution #8) as a one month elective rotation. The rotation descriptions for institutions 4, 7, 8, and 12 have been added to the curriculum in Section 9, Part II of the PIF.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

III.B.8.

b. IM Hematology/Oncology Program:

i. **Citation #1:** The program director does not have the requisite five years of experience as an active faculty member in an ACGME-accredited internal medicine subspecialty program. The program director was appointed three years after his fellowship ended. Qualifications of the program director must include at least five years of participation as an active faculty member in an ACGME-accredited internal medicine subspecialty fellowship program (II.A.3.d). **Subcommittee on Internal Reviews:** The citation has been reviewed and a response is to be addressed by the National Capital Consortium DIO.

ii. **Citation #2:** At the time of the site visit, clerical services in the ambulatory setting were inadequate. Information provided indicates that a high turnover rate at Walter Reed Army Medical Center was problematic, especially since the fellows spend the majority of their time at that site. Fellows must have clinical experiences in efficient, effective ambulatory and inpatient care settings (II.D.2). **Response:** *Since the RRC site visit in September 2007, two (2) additional hiring actions have occurred that support the fellows in the Hematology-Oncology Clinic at Walter Reed Army Medical Center. First, an additional medical records technician has been hired. This additional person directly supports the fellows in the outpatient clinic. The medical records technicians are responsible for all clerical duties inherent in the outpatient clinic to include: scheduling patient appointments, maintaining medical records (both electronic and paper), and recording and relaying appropriate messages to the fellows (both phone messages and facsimile). Second, an additional outpatient nurse case manager was hired. This person assists the fellows to complete the administrative tasks associated with patient referral for a second opinion, patient referral for an outside clinical trial/allogeneic stem cell transplantation, and patient referrals for military medical evaluations boards. In addition, this nurse case manager assists the fellows with new patients enrolled into our clinic by obtaining previous medical records and pathology specimens when necessary. These two hires have made patient care in the outpatient clinic at Walter Reed more efficient and effective for the fellows, the faculty, and the patients.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

iii. **Citation #3:** The program does not provide adequate formal instruction in prenatal diagnosis. The training program must provide formal instruction for the fellows to acquire knowledge of genetics and developmental biology. This includes molecular genetics, prenatal diagnosis, the nature of oncogenes and their products, and cytogenetics (XIV.C.2). **Response:** *This citation occurred as a miscommunication in the PIF and with the RRC site visitor. Our program does a tremendous amount of formal instruction on these topics. Formal instruction in all of the aforementioned topics is part of our core curriculum. The curriculum includes formal didactic lectures on hereditary cancer*

syndromes, genetic counseling (including BRCA1/BRCA2 testing), and prenatal diagnosis of hemoglobinopathies and other inherited red cell disorders. Formal instruction on oncogenes and their products and cytogenetics occurs numerous times in our curriculum. Our core didactic lectures on acute leukemia, chronic leukemia, myelodysplastic syndromes, indolent and aggressive lymphomas, germ cell tumors, CNS tumors, and soft tissue sarcoma all include pertinent instruction on oncogenes and their gene product and cytogenetics. In addition, aside from formal didactic lectures, the fellows have regular exposure to the clinical interpretation of cytogenetics and oncogenes at our weekly leukemia/lymphoma multidisciplinary tumor conference. Lastly, part of our core didactic lecture series includes lectures from a molecular pathologist discussing the appropriate laboratory evaluation of the above topics. The "outcome" of this instruction is probably best reflected in an 85 percent first-time pass rate in the Medical Oncology ABIM certifying examination and a 100 percent first-time pass rate in the Hematology ABIM certifying examination over the past six years. In addition, our current fellows had an above-average total score and basic science principles score in the first American Society of Clinical Oncology (ASCO) national in-training examination in February 2008.
Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

iv. **Citation #4:** The sponsoring institution did not provide adequate oversight of the program. The program director is does not meet the requisite five years of experience as an active faculty member in an ACGME-accredited internal medicine subspecialty program. The program director was appointed three years after his fellowship ended. The GMEC and DIO should have recognized this at the time of appointment and subsequently in the submission of the program information form. The DIO and GMEC must have authority and responsibility for the oversight and administration of the Sponsoring Institution's programs and responsibility for assuring compliance with ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements (IR I.B.4).
Subcommittee on Internal Reviews: The citation has been reviewed and a response is to be addressed by the National Capital Consortium DIO.

III.B.8

5. ACGME Correspondence:
   a. ACGME Accreditation Ltr dated 9 June 2008 for the Ophthalmology Program for 5 years with 2 citations. No progress report was requested.
      i. Citation #1: A midcycle review was performed at the appropriate time; however, only the chief resident was interviewed. The requirement mandates an interview with at least one peer selected resident from each level of education. **Subcommittee on Internal Reviews:** This issue was tabled and the Internal Reviews Manager has been requested to provide the original internal review documentation of this program at the next Subcommittee meeting for further review.
      ii. Citation #2: According to the PIF, the number of procedures available for glaucoma lasers is insufficient for resident education. While there is an expectation for improvement with new faculty members, the number of procedures must be closely monitored. **Subcommittee on Internal Reviews:** The Subcommittee requests that the Program Director provide a summary documenting the adequacy of the number of glaucoma laser cases by the September 2008 meeting of the Subcommittee.
      iii. Program strengths were noted with a first time board passage rate which far exceeds the national average at 93.75%.

III.B.10.b

   b. ACGME letter dated 10 June 2008 to the Anesthesiology Program deferring the program's request to increase resident complement from 42 to 45 due to concerns over lack of educational space. **Subcommittee on Internal Reviews:** The DIO has made a direct request for a response from the Program Director addressing this issue.

6. ACGME Resident Surveys:
   a. IM Gastroenterology PD responses to Resident Survey:
      i. **Line 20:** To what extent do trainees who are not part of your program interfere with your education? Response: *Dr. Inku Hwang met with the fellows in a closed session on the 29th of May for a curriculum review and as part of the semi-annual review of the fellowship. These items from the Fellow survey were noted to have responses that merited attention.*

Since 13/15 fellows completed the survey, a 7.7% response was 1 individual's response. As it turns out, the questions asked were misinterpreted due to their wording in the instance of Line 20 and Line 25's "never" response.

ii. **Line 22:** Are mechanisms within the institution available to you so that you may raise and resolve issues without fear of intimidation or retaliation? Response: *The "sometimes" responses from Line 22 are also felt to be an error. To look further into this, the fellows and Dr Hwang agreed to have an anonymous collection of data from all fellows funneled back through one of their own (a current 2nd year fellow) who would then forward the concern to me (the new PD). As yet, no one acknowledges responding "sometimes" to Line 22.*

iii. **Line 25:** Do your rotations and other major assignments emphasize clinical education over any other concerns, such as fulfilling service obligations? Response: *As for Line 25, this refers to the Georgetown Transplant Hepatology Rotation. This is one of the fellows favorite rotations due to the learning and knowledge they gain there and the expertise of Dr Shetty who is their main instructor. The "sometimes" response came because they take call there and 1 individual felt that sometimes he was asked to do things for other GI patients that were not 100% liver related and because the notes he was asked to write were in a format that emphasized structuring with enough bullets to build a high level note. The individual perceived the impetus for this request to document in this way as for financial reasons rather than for learning benefit. I will be speaking with Dr. Shetty at Georgetown if this sentiment persists.*

I will also re-administer the survey to see if these responses remain the same after educating the fellows to ensure they understand the wording of how they are being asked

iv. **Subcommittee on Internal Reviews:** Issues raised on the ACGME resident survey were adequately addressed by the Program Director.

7. Internal review administrative matters: No new issues

8. The next Subcommittee meeting has been tentatively scheduled for 16 July 2008 at 1500, location to be determined.

The GMEC voted to approve the minutes as written.

III.B.8 **RRC Progress Report Regarding the selection of Dr Gallagher as Program Director:** At the time of Dr. Gallagher's selection as Program Director, he only had three years on the staff of a sub-specialty program which is contrary to the ACGME's five year requirement. An institutional response was presented and approved by the GMEC. A copy of the response is available for review and maintained in the NCC Administrative Office.

III.B.10.b **Increase in Resident Complement:** COL Turiansky, MC, USA, NCC Dermatology Program Director, presented a request to add a onetime three year temporary increase beginning next summer to the Dermatology Resident complement which was approved by the GMEC.

Core Competencies Committee: MAJ Klote reported that the Subcommittee has not met.

Faculty Development: COL Nace introduced COL Michael Roy, Division Director, of Military Internal Medicine, USUHS and Chairman of the Provider Health Committee. COL Michael Roy presented a power point presentation pertaining to the Provider Health Committee. The committee assists providers and residents who have been identified as having a medical or psychiatric problem during the course of their training.

III.B.10.d .III.B.3 **MOUs:** Reminder that all new proposals should identify additional funding requirements, including anticipated TDY expenses. MOUs more than five years old must be renewed.

- Proposed agreement with the ***Howard University Hospital in Washington, DC and the NCC***. It is an omnibus reciprocal GME training agreement will replace a similar agreement with

Howard University that will expire on 31 October 2008.

- Proposed agreement with the ***Washington Hospital Center and the NCC Nephrology Program***. The agreement would allow physicians in the Consortium's Nephrology Fellowship Program to receive clinical training at Washington Hospital Center.
- Attached is a proposed agreement with the ***Georgetown University Medical Center and the NCC***. It would replace an agreement that allows physicians in the Consortium's Neonatology Fellowship Program to receive clinical training at Georgetown.

The Committee voted unanimously to approve the MOUs.

INFORMATION ITEMS:

- **Next Internal Review Subcommittee Meeting**: July 16, 2008, USUHS, Bldg E, Second Floor Conference Room E2022

III.B.2

- **Financial transaction requests** must be submitted to the NCC GME office prior to the close of business (1600) on **July 18, 2008**
- **Next Board of Director's Meeting**: 29 July 2008, Board of Regents, USU
- **Next GMEC Meeting:** 6 August 2008, 1500, Board of Regents Room
- **Next Closed Session:** 6 August 2008, immediately following the GMEC
- **New NCC GME Fax Number**: 301-319-0307
- **NCC Training Agreements for Incoming Residents**: Ms Sha-Ron Nimmons is the point-of-contact and can be reached at snimmons@usuhs.mil and 301-295-3445.
- **Next Executive Committee Meeting:** To be determined.

ITEMS FROM THE FLOOR:

III.B.2

- **Mr. Hankerson:** Those who have not submitted their FY09 Budget Submission must do so immediately.
  --- Kejuana Lilly is the point-of-contact for all travel order requests and submission of travel claims.
  --- All financial requests are to be submitted via e-mail at gmetransactionrequests@usuhs.mil
- **Dr Fauver:** The NCC staff is now located in building E, Second floor.
  --- **USU Education Day** will be held on 22 August 2008. Point-of-Contact is Dr Cindy Wilson, Additional Information to come.
- **MAJ Klote:** The Army has resolved the bundling issue regarding E-Learn. Anyone that does not have administrative privileges for his or her program should e-mail no MAJ Klote prior to 24 July because she will leaving for Iraq and will not return until November.

III.B.1

  --- **Research in the National Capital Areas:** A National Capital IRB will be established in the near future which will review protocols for Navy, Army, Malcolm Grow, and Dewitt. Navy and Army will still have their own IRB's for hospital specific protocols.
  --- Scientific Review is going to combine on or about 1 September 2008.
- **COL Nace:** Graduation went well. Books on the subject "War in Afghanistan" is available if anyone wants a copy.

--- MAJ GEN Hawley-Boland, WRAMC will be the host for graduation next year.
--- Strathmore is already booked for next year. COL Nace will be working with the committee to identify a new location, dates, etc.

- **LTC Black:** A suggesting was made to consider WRAMC as the host site for graduation next year noting that it will the hospitals 100 anniversary.

The meeting adjourned at 1615.

A Closed Session followed

Howard E. Fauver, Jr., M.D.
Administrative Director

Note: Reference in the left margin represents functional area of responsibility of the Graduate Medical Education Committee. Attached to these minutes are definitions of the eleven areas.